## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10725531

| _   |  |   |                  |                                   |              |                  |          |                     |  |            |                            |                        |  |
|---|--|---|------------------|-----------------------------------|--------------|------------------|----------|---------------------|--|------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Co   |  |   |                  |                                   |              | umn 2)           |          | SMALL ENTITY TYPE   |  |            | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 45               | 45                                |              |                  | ].       | RATE                | FEE  | 7          | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED .   |                                   | NUME         | NUMBER EXTRA     |          | BASIC FE            | 385.00   | OR         | BASIC FEE                  |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 45 mir           | nus 20=                           | * · TI       | 7.8              |          | X\$ 9=              |  | OR         | X\$18=                     |                        |  |
| IN  | DEPENDENT C  | LAIMS                                     | / minus 3 = * /  |                                   |              |                  |          | X43=                |  | 1          | X86=                       | [                      |  |
| MU  | JLTIPLE DEPE   | NDENT CLAIM PI                            | RESENT           |                                   |              |                  |          |                     | <del>                                     </del> | OR         |                            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                  |                                   |              | rolumn 2         |          | +145=               |  | OR         | +290=                      |                        |  |
|   |  |   |                  |                                   |              |                  |          | TOTAL               | <u></u>  | OR         | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column  |  |   |                  |                                   |              | (Column 3)       |          | SMALL               | ENTITY   | OR         | OTHER<br>SMALL E           |                        |  |
|   |  | CLAIMS                                    | T                | HIGH                              |              |                  |          |                     | 455:   | <b>n</b> ( |                            |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUME<br>PREVIO<br>PAID F          | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | *   | Minus            | **                                |              | =                | ]        | X\$ 9=              |  | OR         | X\$18=                     |                        |  |
| AME   | Independent  | *   | Minus            | ***                               | -:           | =                |          | X43=                |  | OR         | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                  |                                   |              |                  | ]        | +145=               |  | 1 1        | +290=                      |                        |  |
|   |  |   | Į                |                                   |              | OR               | T250-    |                     |  |            |                            |                        |  |
|   |  |   |                  |                                   |              |                  |          | TOTAL<br>ADDIT. FEE |  | OR         | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                |                  | (Colum                            |              | (Column 3)       | _        |                     |  |            |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                                |              | =                |          | X\$ 9=              | ·  | OR         | X\$18=                     |                        |  |
|   | Independent  | *   | Minus            | ***                               |              | =                | ] [      | X43=                |  | OR         | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                  |                                   |              |                  | <b>ነ</b> |                     |  |            |                            |                        |  |
|   |  |   |                  |                                   |              |                  |          | +145=               | -  | OR         | +290=                      |                        |  |
|   |  |   |                  |                                   |              |                  |          | DDIT. FEE           |  | OR ,       | ADDIT. FEE                 |                        |  |
|   |  | (Column 1)                                |                  | (Colum                            |              | (Column 3)       | _        |                     |  |            |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>JUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                                |              | =                |          | X\$ 9=              |  | OR         | X\$18=                     |                        |  |
|   | Independent  |   | Minus            | ***                               |              | =                |          | X43=                |  |            | X86=                       |                        |  |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                  |                                   |              |                  |          | 7.10-               |  | OR         | 7,002                      |                        |  |
| * 14  | * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. |   |                  |                                   |              |                  |          |                     |  | OR         | +290=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                  |                                   |              |                  |          |                     |  |            |                            |                        |  |
| 1   | The "Highest Num   | ber Previously Paid                       | J For" (Total or | Independe                         | nt) is the   | highest numbe    | r four   | nd in the ann       | ropriate hov                                     | in coli    | ımn 1                      |                        |  |